



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

Request for Information for Persons Referred by Tribal/Regional Behavioral Health Authority



Customer:	AHCCCS ID:	Customer #:
	Date:	
	Eligibility Specialist:	
	Phone:	
	Fax:	

Please help us by providing the information for each box checked below. If we do not receive the information needed to make a decision or confirm eligibility, AHCCCS Health Insurance will be denied or stopped.

Information Needed for the Eligibility Decision	
<u>For Initial Application</u> <input type="checkbox"/> A SMI Determination Summary form. <i>(The SMI Determination Summary must be the October 2000 or newer version and must be signed by a physician (M.D. or D.O.) or psychologist (Ph.D.).)</i> <input type="checkbox"/> Medical documentation that supports the SMI diagnosis. <i>(The contents of the documents should describe, support and validate the diagnosis and current functioning level on the SMI Determination Summary.)</i> <input type="checkbox"/> The AHCCCS Medical Benefit Disability Report (form DE-121) to forward for a DDSA disability determination.	<u>For Renewal Application</u> <input type="checkbox"/> The attached Application for AHCCCS Health Insurance (form AH-001) to begin the renewal process for the customer named above. <input type="checkbox"/> The attached Renewal Verification form (MA-435) that identifies the current functional limitation. <input type="checkbox"/> Supporting documentation to verify the current functional limitation, as stated on the Renewal Verification form. <i>(The documentation may include psychiatric or psychological evaluation, progress notes from the past year that support the current functioning level.)</i> <input type="checkbox"/> The Report of Continuing Disability (form DE-123) to forward for a DDSA disability redetermination.
<u>Other Required Verification</u> <input type="checkbox"/> Proof of income for the period _____ <input type="checkbox"/> The AHCCCS Medical Benefit Disability Report (form DE-121) required for audit review. <input type="checkbox"/> Help the customer sign the Referral for Social Security Benefits (form DE-136) and take it to the Social Security Administration to apply for potential benefits. Eligibility cannot be approved until we have the form back with the SSA representative's signature. <input type="checkbox"/> Other _____	

Please send the above information by _____. If you have questions or need more time to obtain the information, please contact the Eligibility Specialist at the phone number at the top of this notice.

<Name>

Eligibility Specialist

MA-433 (04/05)